

EMPLOYMENT APPLICATION



Westlands Water District An Equal Opportunity/Affirmative Action Employer

3130 N. Fresno Street, P. O. Box 6056, Fresno, CA 93703
Telephone (559) 241-6206 FAX (559) 241-6286

Human Resources Use Only

Date Received:

Ed. ☐ Exp. ☐ Lic. or
Eqv. ☐ Eqv. ☐ Cert ☐

MQ's: ☐ Yes ☐ No By:

Comments:

Please type or print in ink all required information. Incomplete, illegible or unsigned applications may be eliminated from consideration.

Position Applying for: _____

Name: _____
Last First Middle

Mailing Address: _____ Home Phone: _____
Number and Street Apt. No.

City State Zip Work /Message Phone: _____

GENERAL INFORMATION:

Would you accept temporary employment? Yes ☐ No ☐

Are you now or have you ever been employed by the District? If yes, list date(s) and position(s). Yes ☐ No ☐

Are you related by blood or marriage to any person(s) presently employed by the District? If yes, list name(s) and relationship(s). Yes ☐ No ☐

Have you ever been discharged from employment or been forced to resign? If yes, give details. Attach a separate sheet if necessary. Yes ☐ No ☐

Having read the job announcement which lists examples of job duties for the position, are you able to perform these duties with or without accommodation? Yes ☐ No ☐

If hired, can you provide proof of the legal right to work in the United States? Yes ☐ No ☐

If hired, can you provide proof of possession of a valid California Drivers License? If yes, give license number. Yes ☐ No ☐

Have you ever worked, attended school, or been known by another name? If yes, list name(s) and date(s) used. Yes ☐ No ☐

Have you been convicted of a felony? If yes, list offense, date, location and penalty. Conviction will not necessarily disqualify an applicant from employment. Yes ☐ No ☐

EDUCATION AND TRAINING:

	School Name and Address	Major	Units Completed	Degree/ Graduate
High School				
College				
Other (specify)				

License * Certificate * Registration

Granting Agency

Date Granted

Expiration

EMPLOYMENT HISTORY: Starting with your most recent employer, list all jobs and activities including military service, part-time employment and self-employment for the past 10 years. Additional prior experience related to the position for which you are applying may also be listed. Attach additional sheets if necessary. **Resumes will not be accepted in lieu of completing this section of the application.**

May we contact your present employer? ☐ Yes ☐ No

A	FROM:		TO:		PRESENT OR LAST EMPLOYER:	ADDRESS:	<input type="checkbox"/> FULL TIME	SALARY:
	MONTH	YEAR	MONTH	YEAR	SUPERVISOR'S NAME, TITLE, & TELEPHONE NUMBER:		<input type="checkbox"/> PART TIME	
JOB TITLE:								
DUTIES:								
B	FROM:		TO:		PREVIOUS EMPLOYER:	ADDRESS:	<input type="checkbox"/> FULL TIME	SALARY:
	MONTH	YEAR	MONTH	YEAR	SUPERVISOR'S NAME, TITLE & TELEPHONE NUMBER:		<input type="checkbox"/> PART TIME	
JOB TITLE:								
DUTIES:								
C	FROM:		TO:		PREVIOUS EMPLOYER:	ADDRESS:	<input type="checkbox"/> FULL TIME	SALARY:
	MONTH	YEAR	MONTH	YEAR	SUPERVISOR'S NAME, TITLE & TELEPHONE NUMBER:		<input type="checkbox"/> PART TIME	
JOB TITLE:								
DUTIES:								
D	FROM:		TO:		PREVIOUS EMPLOYER:	ADDRESS:	<input type="checkbox"/> FULL TIME	SALARY:
	MONTH	YEAR	MONTH	YEAR	SUPERVISOR'S NAME, TITLE & TELEPHONE NUMBER:		<input type="checkbox"/> PART TIME	
JOB TITLE:								
DUTIES:								
E	FROM:		TO:		PREVIOUS EMPLOYER:	ADDRESS:	<input type="checkbox"/> FULL TIME	SALARY:
	MONTH	YEAR	MONTH	YEAR	SUPERVISOR'S NAME, TITLE & TELEPHONE NUMBER:		<input type="checkbox"/> PART TIME	
JOB TITLE:								
DUTIES:								

Please identify and explain all periods of unemployment in excess of one month during the past 10 years:

From: To: Reason for Unemployment:

READ THIS STATEMENT BEFORE SIGNING

I hereby certify that the information supplied on this application is true and correct to the best of my knowledge. I understand that any misrepresentation, falsification or omission of information on this application may result in my failure to receive an offer of employment, or if I am hired, may result in discharge from employment. Unless otherwise noted, I agree that any of the statements I have made herein may be verified by the District, which verification may include contact with my former employers and educators.

I understand that all offers of employment are conditioned on my ability to provide proof of my identity and legal ability to work in the United States; passing a medical examination, which will include a drug screening; and verification of my employment history, education and training, other information contained in this Employment Application, and any license requirements.

If employed, I agree to observe all rules, regulations, policies, and procedures as they relate to Westlands Water District employees. I agree that my employment and compensation can be terminated at will, with or without cause, and with or without notice, at any time, at the discretion of myself or the District.

Signature _____ Date _____

APPLICANT QUESTIONNAIRE

The following information is requested to assist in implementing the District's Affirmative Action and Equal Employment Opportunity policy. Submission of this information is strictly voluntary and is not required to apply for the position.

How did you learn of this job opening?

- Please check one:**

- ☐ Male ☐ Female

After reviewing the Notice of Job Opening for this position, please check one:

- ☐ I can perform the essential functions of the position **without** reasonable accommodations.
- ☐ I can perform the essential functions of the position **with** reasonable accommodations.

Please describe the type of assistance or accommodations needed: _____

Please check the one category which best describes you:

- ❑ **White** (not of Hispanic origin) – A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.
- ❑ **Black** (not of Hispanic origin) – All persons having origins in any of the Black racial groups of Africa.
- ❑ **Hispanic** – All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.
- ❑ **Asian or Pacific Islander** – All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This area includes, for example, China, India, Japan, Korea, the Philippine Islands, and Samoa.
- ❑ **American Indian or Alaskan Native** – All persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.